

PTO/SB/17 (07-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
Effective on 12/08/2004.**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,240.00

**Complete if Known**

|                      |                         |
|----------------------|-------------------------|
| Application Number   | 10/725,374              |
| Filing Date          | December 3, 2003        |
| First Named Inventor | SCHNEIDER, Ralph et al. |
| Examiner Name        | AHMED, Aamer S.         |
| Art Unit             | 3763                    |
| Attorney Docket No.  | 31698-2130              |

**METHOD OF PAYMENT** (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 50-2298 Deposit Account Name: Luce, Forward, Hamilton & Scripps LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description  | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)                                | 50       | 25                    |
| Each independent claim over 3 (including Reissues)                     | 200      | 100                   |
| Multiple dependent claims  | 360      | 180                   |
| <b>Total Claims</b>  |          |                       |
| - 20 or HP = _____ x _____ = _____                                     |          |                       |
| HP = highest number of total claims paid for, if greater than 20.      |          |                       |
| <b>Indep. Claims</b>   |          |                       |
| - 3 or HP = _____ x _____ = _____                                      |          |                       |
| HP = highest number of independent claims paid for, if greater than 3. |          |                       |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|               |              |  |          |               |
|---------------|--------------|--|----------|---------------|
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____             | = _____  |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE Application fee and Request for One Month Extension of Time \$1,240.00**SUBMITTED BY**

|                   |                           |   |                        |
|-------------------|---------------------------|---|------------------------|
| Signature         | <u>Franco A. Serafini</u> | Registration No.<br>(Attorney/Agent) 52,207 | Telephone 858.720.6300 |
| Name (Print/Type) | Franco A. Serafini        |   | Date August 9, 2006    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Case Docket No.: 31698-02130

In re application for:

SCHNEIDER, Ralph et al.

Serial No.: 10/725,374

Filed:

December 3, 2003

Examiner:

AHMED, Aamer S.

For:

CATHETER

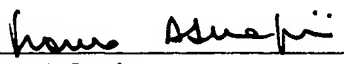
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Sir:

**CLAIMS AS AMENDED**

| (1)  | (2)                                       | (3)   | (4)                                   | (5)              | (6)         | (7)               |
|--|---|-------|---------------------------------------|------------------|-------------|-------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE        | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                            | 16  | minus | 20                                    | 0                | x \$25/50   | \$ 00.00          |
| INDEPENDANT<br>CLAIMS                      | 3   | minus | 3                                     | 0                | x \$100/200 | \$ 0.00           |
| MULTIPLE<br>DEPENDANT<br>CLAIMS            | <input type="checkbox"/>                  |       |                                       |                  | \$ 180/360  | \$ 0.00           |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT |   |       |                                       |                  |             | \$ 00.00          |

- ☒ Check enclosed for filing fee and two month extension of time.
- ☒ Charge \$ \_\_\_\_\_ to Deposit Account No. 50-2298. Two copies of this sheet are enclosed.
- ☒ Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 50-2298.

  
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